

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	742		
O.I.P.E. CLASSIFIER	RSD		4-18-00
FORMALITY REVIEW			1-11-97
RESPONSE FORMALITY REVIEW	MP	10303	1-11-97

INDEX OF CLAIMS

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
51		51		51	
52		52		52	
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If more than 150 claims or 10 actions
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